





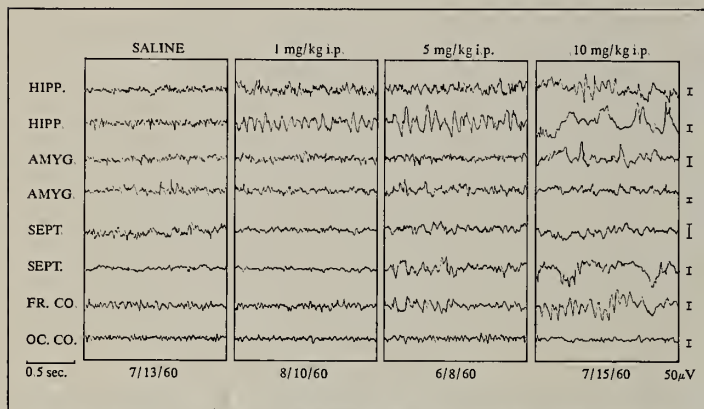


THE FRANCIS A. COUNTWAY  
LIBRARY OF MEDICINE  
BOSTON  
26 JAN 1970





# demonstrated in animal studies: selective action of Librium® (chlordiazepoxide HCl) on key areas of the brain's limbic system



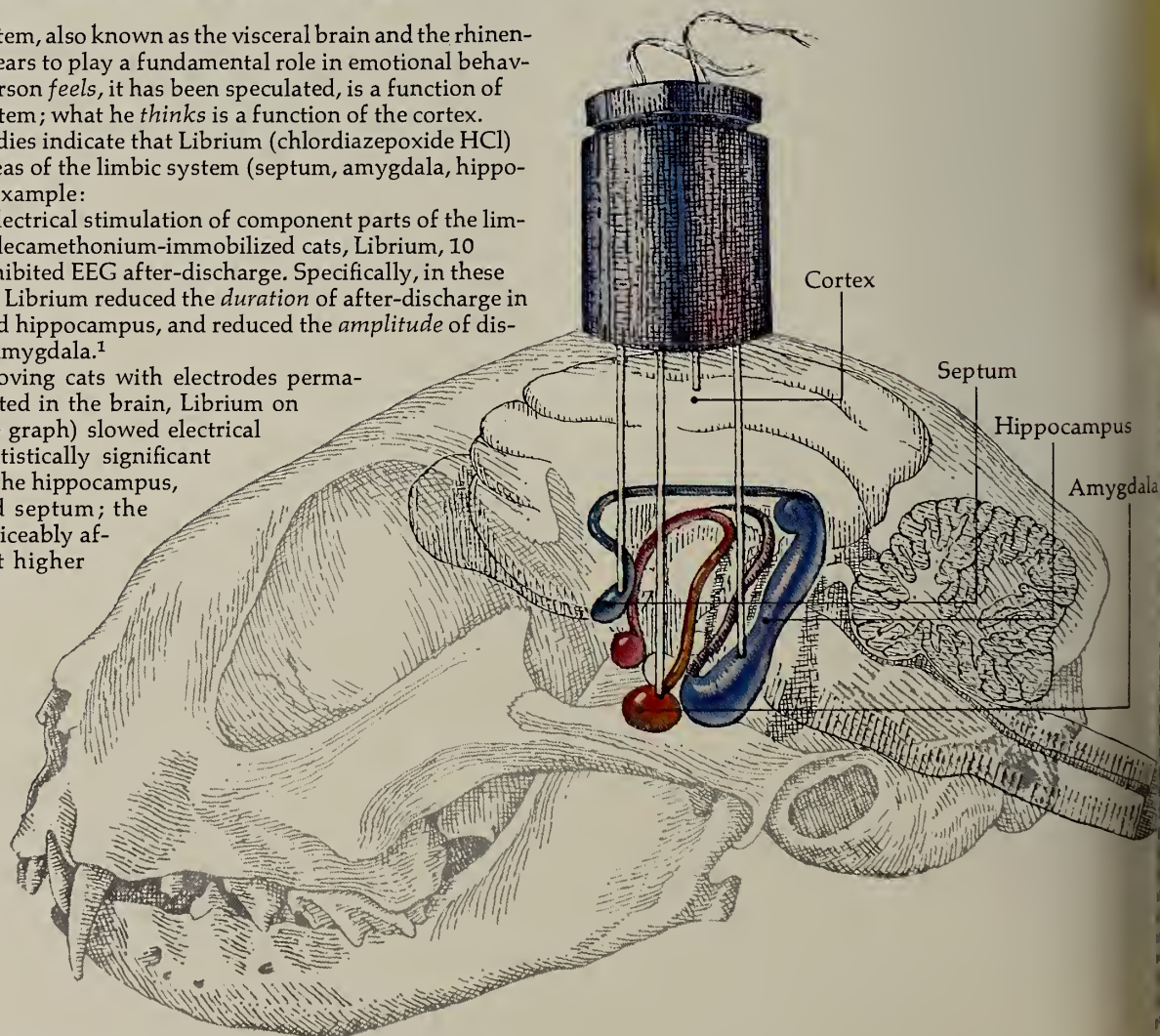
Spontaneous activity of EEG in unanesthetized cat with electrodes implanted in hippocampus, amygdala, septum, frontal cortex, and occipital cortex. Chlordiazepoxide HCl, 1 mg/kg i.p.: slowed the hippocampus and amygdala but induced no change in behavior. Chlordiazepoxide HCl, 5 mg/kg i.p.: slowed electrical activity in all leads including cortex; cat was sedated but awake. Chlordiazepoxide HCl, 10 mg/kg i.p.: caused slowing in all leads; cat was asleep. (Adapted from L. H. Sternbach, L. O. Randall, and S. R. Gustafson.<sup>2</sup>)



The limbic system, also known as the visceral brain and the rhinencephalon, appears to play a fundamental role in emotional behavior. What a person *feels*, it has been speculated, is a function of this limbic system; what he *thinks* is a function of the cortex. Bioelectric studies indicate that Librium (chlordiazepoxide HCl) acts on key areas of the limbic system (septum, amygdala, hippocampus). For example:

Following electrical stimulation of component parts of the limbic system in decamethonium-immobilized cats, Librium, 10 mg/kg i.v., inhibited EEG after-discharge. Specifically, in these animal studies Librium reduced the *duration* of after-discharge in the septum and hippocampus, and reduced the *amplitude* of discharge in the amygdala.<sup>1</sup>

In freely moving cats with electrodes permanently implanted in the brain, Librium on low doses (see graph) slowed electrical activity at statistically significant levels only in the hippocampus, amygdala and septum; the cortex was noticeably affected only at higher doses.<sup>2,3</sup>



# Librium® (chlordiazepoxide HCl)

## Significant clinical advantages of Librium® (chlordiazepoxide HCl) confirmed in a wide range of conditions with an anxiety component



Today, Librium (chlordiazepoxide HCl) is well known as a dependable calming agent when anxiety is a significant component of the clinical profile. Although clinical performance cannot be extrapolated from experimental procedures and results, animal studies on Librium indicating a selective action on the limbic system may help explain the characteristic "Librium effect" in therapy, *i.e.*, a calming influence without undue loss of mental acuity when the drug is given in proper maintenance dosage. Should the patient require extended antianxiety therapy, Librium is particularly suitable because its benefits are usually maintained without need for increased dosage.

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against possible hazards.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; usual relationship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms,

increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy

For relief of anxiety

**Librium®**  
(chlordiazepoxide HCl)

5-mg, 10-mg, 25-mg capsules

when tablets are preferred—

**Libritabs®**  
(chlordiazepoxide)

5-mg, 10-mg, 25-mg tablets



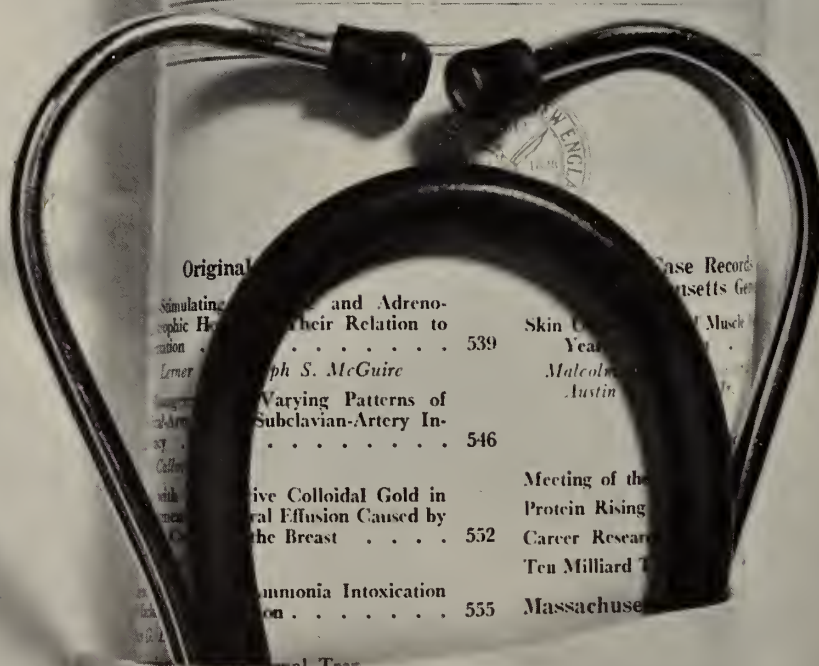
**Roche**  
LABORATORIES

Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110



# The New England Journal of Medicine

Established in 1812 as The NEW ENGLAND JOURNAL OF MEDICINE AND SURGERY



## Original

Stimulating and Adreno- cortic Hormones and Their Relation to Diabetes . . . . .	539
Lerner and Joseph S. McGuire	
Varying Patterns of Subclavian-Artery In- jury . . . . .	546
Callender	
Active Colloidal Gold in Serum Effusion Caused by the Breast . . . . .	552
Winkler	
Pneumonia Intoxication in . . . . .	555
Winkler	

## Case Records

Massachusetts General Hospital	
Skin Ulcer of the Muscle	
Year	
Malcolm	
Austin	
Meeting of the	
Protein Rising	
Career Research	
Ten Milliard T	
Massachusetts	

For more than 155 years, The New England Journal of Medicine has played its role in medical circles—reporting the progress of medicine to physicians and medical students throughout the world.



## The New England Journal of Medicine

10 SHATTUCK STREET, BOSTON, MASSACHUSETTS 02115

JOSEPH GARLAND '19  
*Editor*

25 SHATTUCK STREET  
BOSTON, MASS. 02115

JOAN F. RAFTER  
*Associate Editor*

CAROL M. DZINDZIO  
*Assistant Editor*

MEDIA REP CENTER, INC.  
1127 STATLER OFFICE BUILDING  
BOSTON, MASS. 02116  
(617) 542-7720  
*Advertising Representative*

#### EDITORIAL BOARD

HERRMAN L. BLUMGART '21  
ERNEST CRAIGE '43A  
PAUL J. DAVIS '63  
ROBERT M. GOLDWYN '56  
FRANZ J. INGELFINGER '56  
JEAN MAYER, PH.D.  
JOHN C. NEMIAH '43B  
GEORGE S. RICHARDSON '46  
J. GORDON SCANNELL '40  
HOWARD B. SPRAGUE '22



#### ASSOCIATION OFFICERS

JAMES M. FAULKNER '24, *President*  
F. SARGENT CHEEVER '36  
*President-Elect*  
OLIVER COPE '28, *Past President*  
BRADFORD CANNON '33, *Vice President*  
WILLIAM W. BABSON '30, *Secretary*  
CARL W. WALTER '32, *Treasurer*

#### COUNCILORS

HENRY F. ALLEN '43A  
JAMES A. CAMPBELL '43B  
EDWIN F. CAVE '24  
CARLETON B. CHAPMAN '41  
JOHN B. HICKAM '40  
JOHN C. NEMIAH '43B  
CHESTER M. PIERCE '52  
CURTIS PROUT '41  
JOHN A. SCHILLING '41  
LEONARD W. CRONKHITE, JR., '50  
*Representative to  
Associate Harvard Alumni*

## CONTENTS

COVER: The majestic Hindu Kush photographed from  
between the legs of a 150 foot sandstone Buddha.  
See article on page 8.

VISION OF A NEW AGE . . . . . 4  
*by Charles H. Bradford*

WEST OF THE KHYBER PASS . . . . . 8  
*by Albert I. DeFriez*

BENJAMIN WATERHOUSE: THE BOTANIST . . . . . 14  
*by George E. Gifford, Jr.*

EDITORIALS. . . . . 17

ALONG THE PERIMETER . . . . . 18

MORATORIUM DAY. . . . . 22

FIVE DECADES OF TRADITION . . . . . 24

ALUMNI NOTES. . . . . 26

SOMERS FRASER . . . . . 32

DEATH NOTICES . . . . . 34

LETTERS . . . . . 34

CREDITS: Cover and pages 8, 10, 11, 12, courtesy of Albert  
I. DeFriez; B. Orr, p. 15; Herman Goslin, pp. 19,  
20; Carol M. Dzindzio, pp. 22-23, 26; Bradford  
Herzog, pp. 24-25.

*The opinions of contributors to the Bulletin do not  
necessarily reflect those of the Editorial Staff.*

© HARVARD MEDICAL SCHOOL ALUMNI ASSOCIATION 1969

LANGDON PARSONS '27  
*Director of Alumni Relations*  
DOROTHY A. MURPHY  
*Associate Director*



TODAY, if a man in his sixties looks back to the opening of the century, he sees behind him a period of extraordinary change. This century, to list a few of its achievements, has brought man the gift of flight, only dreamed of before; and has provided him with means of communications through radio and television, such as none had dared to dream; and has created electronic miracles beyond the power of dreaming. It has brought advances in medicine that would answer the prayers of the saints, and in engineering that would astound the makers of myths, and in space-travel that would rival the exploits of the legendary gods. It has given us eyes to see a billion light years away, and to examine infinitely small particles through the electronic microscope. Similarly, it has endowed us with ears to hear the stars exploding, and to listen to the strange communications of fish at the bottom of the ocean. It has devised the laser, whose beams we can shine like a flashlight on the surface of the moon, the nuclear pile, with which we can put atoms to useful work, and the computer, capable of unbelievable calculations.

Yet while these developments have been taking place, and perhaps because of them, the modern viewpoint has lost its contact with the past. The standards, the traditions, the customs of older times that should serve to guide us and to steady our course, have been abandoned, making it seem as though humanity were plunging ahead without direction or purpose. Older observers think that this is exactly what we are doing, and, to a disastrous degree. On the other hand, the younger generation views every advance through time as bringing progress, and from their standpoint, great benefit comes with it. My purpose is to avoid the despairing criticisms of the old, as well as the enthusiastic hopes of the young, in order to concentrate on the deeper topic of the influence that this amazing accumulation of modern knowledge has exerted on our civilization as a whole.



Ours is certainly an era of revolutionary upheaval. Too often we mistake the word revolution for a political stroke or a military event. We forget that these are merely the final stages of revolutionary movements. Revolutions do not begin by overthrowing governments or executing monarchs. A great Spanish orator, Emilio Castelar, once said, "If you want to change the world, first you must change its ideas."

To appreciate the vast extent of the revolution we are now undergoing, we should first look at its manifestations in specific fields. Among doctors, the transformations within the medical profession over the past half century are too familiar to require much discussion. A century ago its aims were palliative and diagnostic. Half a century ago, progress had reached a point where medicine had become genuinely therapeutic. Today, medicine has largely achieved, and still aggressively seeks, not therapy, but *cure*; not even cure, but *prevention* of ill health. This half century has witnessed the end of most of the major maladies that have hitherto ravaged humanity unchecked — an achieve-

ment that none but our generation, that has seen it happen, can fully appreciate.

Revolutionary ideas affect other professions to a similar degree. Engineering, of course, gives visual proof of this in the fabulous construction programs going on all around us. The form, the architecture, the function, and the very concept of buildings have changed. A home, for example, is no longer just four walls, a roof, and a hearth. Today, the house generates its own heat, carries its own plumbing, disposes of its own sewage, provides its own lighting, conditions its own air, washes its laundry, refrigerates its food, and even, with built-in alarm systems, defends itself against fire or burglars.

In the field of education, where technical or material changes apply less directly or not at all, a new spirit and purpose are nevertheless encountered, steeped in remonstrance and renovation. Even more fundamental is the shifting emphasis of the law, where older interpretations favoring property rights are giving way to human rights. More important still, the authority of precedent



# Vision of A New Age

by CHARLES H. BRADFORD '31

is yielding to the fresh opinion of every new court that sits.

The present upheaval even affects the more abstract world of art in a more vivid manner, for artistic standards have completely abandoned traditional forms and patterns of beauty in favor of curious and meaningless absurdities and oddities that cannot be easily explained or understood. Sculpture, painting, architecture, poetry and music are all greatly affected.

Again unreached by technicological changes, except for the speed-up of life, social and moral standards have reversed themselves. This is most strikingly seen in the so-called sex revolution in colleges, and the extensive use of drugs that has spread so fast and so far, and the universal spirit of protest that has become so rampant. To a lesser degree, but still significantly, the goals and ideals of life have moved in a more materialistic direction. For instance, workmen today seldom feel the pride in their craftsmanship that was so conspicuous among earlier artisans. In the same way, labor has lost its sense of duty, feeling no loyalty above itself either for its em-

ployers, or for the public that it serves, or for the dignity of the profession. By the same token, merchants and employers have lost pride in the quality of their products, becoming principally interested in mass production and mass sales. Much of this change is traceable to the public itself. Taste for refinement and beauty has swung toward a preference for utility and convenience, and for stereotyped status symbolism that does not represent true quality.

With deterioration in taste expressing itself in materialistic ways, there is an equal, or perhaps greater deterioration in faith, expressing itself in many religious fields. This movement has gone much too far to be treated as a temporary phase. Where such basic disbelief has gained such widespread acceptance, it seems likely that we can never expect to return to the sincere, beautiful, and comfortable faith of our fathers. With extraordinary insight, Ralph Waldo Emerson predicted this change at least a generation before it started to become manifest. "Whatever is to be the religion of the future," he declared, "it will have to

be intellectual."

Inasmuch as these changes have taken place in a relatively peaceful manner, and certainly with no major cataclysm, their deep significance is not fully recognized. Actually, they represent as fundamental and as far-reaching an upheaval as if the American Constitution had been torn up and a new form of government substituted. It may seem extreme to suggest such a comparison; and it might be urged that thus far no rights guarded by the Constitution, and no customs guarded by law have been infringed. Of course, this is true, but the departures that we have just discussed are even more fundamental than customary laws. When the religious code, the moral code, the social code, and the cultural code are all basically reversed, the preservation of the legal code seems rather insignificant. It might also be said that when these other codes are gone, the legal code stands in great jeopardy of itself and succumbs to the same disintegrating forces.

Looking at the changes of our times individually, we might consider each of them to be an adaptation to special circumstances; but when we view them all together, we are compelled to seek out some larger, more fundamental explanation. Here our thinking is apt to break down, for too often we single out one isolated instance of this general trend and discuss it as if it were a unique event. Actually, these phenomena are all offshoots stemming from the one movement, or as we might say, they are waves beating in from the same ocean of change. Today, a new tide is running through man's thoughts. It is neither the supposed degeneracy of morals that concerns us, nor the supposed unrest of labor, nor the debauchery of art, nor the disintegration of religion, nor the dereliction of law. Our real concern is to discover the cause and meaning of this total reversal of the tide, this revolution in thought.

A multiplicity of explanations is, of course, available. For example, there have been wars. No war in his-

tory equalled World War I, and subsequently, World War II proved to be of even more colossal dimensions. The lesser wars that followed have been continuing aggravations. They could not fail to influence the generations that passed through them, and have undoubtedly left a large share of psychic trauma, exaggerated all the more by the appalling horrors of Hitler's slaughter pens. On the other hand, wars and rumors of wars have repeatedly occurred throughout history. The more we study the past the clearer it becomes that war is man's natural state. It is therefore not likely that war could institute a new era, though it might be that the degrading fury of war would temporarily depress human values.

Even more easily, we might attribute today's trends to the influence of communism. In America, this is the most popular explanation for any unrest or disturbance. Again, there appears to be some evidence that communist agencies maintain an active and fairly successful underground apparatus for stirring up defections. A large part of student uneasiness, and possibly a major share of race trouble can perhaps be traced to this source. But agitation is very different from the forces we have been discussing, and is of itself a rather superficial phenomenon. It would probably be more correct to consider the whole communist movement as one of the chief manifestations, rather than causes of the underlying intellectual turmoil.

Another great force affecting us today is that of technocracy which has completely altered our physical lives. None can deny that our outlook must necessarily be modified when comfort replaces labor, when convenience waits upon pleasure, when television becomes a household companion, electricity, a household servant, and the jet engine, a household chauffeur. But suddenly we realize that areas least affected by technocracy or mechanization are those where the shock of upheaval is greatest. This would ap-

ply, for example, to the Soviet nations, to China, India, and Indone-sia, all of which are deeply stirred by the new ferment. The whole of Europe is quite largely becoming "modernized," as we tend to call it. Technocracy and mechanization may be recognized as the agents of this change, but they are initiated by the larger press of ideas behind them. They are not the originators, but the followers of sophistication. It is sophistication itself that we must question if we are to define our basic revolution.

**M**AN faces the world around him on the basis of his elementary understanding of his environment. Where elementary understanding comes from ignorance, man fills in the answers from his imagination; for as we learn from the earliest questioning of children, the intellect *must* have an answer to the riddles of life. From primitive creation myths, down to our own age, man has invented his own answers, and taught them to his children so convincingly that they have appeared as undeniable truths which many persons can not shed off. The influx of knowledge has enabled modern man to discover new answers to life's riddles, more factual than any that were ever known or even suspected before. From the standpoint of this new understanding, man has learned that many of his old concepts were erroneous. For example, the atomic theory, on which we were brought up in childhood is itself only a partial truth. At school, we were told that "the atom is the smallest indivisible particle in nature." How different is our present concept, knowing the atom to be a universe, with satellites orbiting around it, and with inexpressible forces nesting at its center! In 1900, the mystery of matter for all but advanced scientists ended with the atom, today that is where the mystery begins.

It might well be argued that advances such as this in our knowledge of the atom could not be expected to

affect the average intellect to any appreciable degree, since this requires a relatively deep study of the sciences, distinctly more than the average man reaches. Nevertheless, there is no thinking man today, regardless of his educational background, who has not shuddered at the reality of atomic forces, knowing how they shook Hiroshima and Nagasaki to their very foundations. It has occasionally occurred to me that these explosions marked the dawn of a new Year One — a new era in the cycles of human existence, and that no one, after these events, could ever look again on the world in the same light. Knowledge of electronic power has literally been seered into the intelligence of mankind. Man has learned it not only in his mind, but in his soul.

Today the play of knowledge around us is immense, even though we may not, and usually do not understand the scientific explanations. For instance, abstruse concepts of gravity that older generations accepted without thought are today familiar to everyone, together with the contradictory state of weightlessness. The complex principles of radar and television may be too intricate for us to master, but their applications are in every home, with technicians everywhere available to service their elaborate mechanisms. Emphasis on scientific studies reaches the public in all directions and rouses increased interest in subjects such as astronomy, geology, anthropology, and meteorology, little understood before, as well as a widespread grounding in physics and chemistry. Through these and many other channels, modern man has become keenly aware of science and its endless applications; and its revelations have filled him with an agitation that may not be apparent, though deep and far-reaching. It has astonished his imagination, staggered his emotions, and overwhelmed all his traditional viewpoints.

More than in any other field, the greatest impact on our consciousness has been produced by medical and biological discoveries. The oth-



er sciences advance our thinking with respect to material facts and substantive forces, but medicine deals with life and with its ever mysterious, ever fascinating enigmas. Through medicine we have come no nearer to understanding the ultimate answers to the three questions lurking in the back of every active mind; whence came I? what am I? whither do I go? but the achievements of modern medicine oblige us to approach these questions in a wholly new manner. In biological analysis, man and the ameba both begin with fission of a cell. That is birth. They both end with physiologic exhaustion of the cell. That is death. The activity that is stretched between these two terminals is a product of biochemical and biophysical reactions. That is life. By such an analysis, man is little more than a wondrously complex ameba. Thoughtful reflection leads to the realization that no such absurdly simple solution can be adequate, and that many mysteries remain beyond the reach of science, and beyond the reach of man's intelligence. Speculations of this sort teach us that our philosophy in the future must be more scientific, as they also remind us that our science must be more philosophical.

Modern medicine confronts and challenges the common man with wholly new concepts when he reads in the daily papers of the transfer of hearts and other organs, when he learns of endocrine glands that alter the personality, when he hears of people artificially kept alive by mechanical pumps which occasionally have to be shut off arbitrarily, and when he understands that the very definition of death is now in dispute. Thus, like the medical scientist, the common man is obliged to regard life from a more physiological viewpoint. We should not call it a shallower viewpoint, though it is likely to be less reverential. We need not call it a clearer viewpoint, though it is less mystical. Since this viewpoint approaches no closer to an ultimate answer, it cannot be said to be deeper than before, but it represents a

radical change from previous thinking for it is now defined in scientific terms.

Comparing the extent of knowledge in 1900 with the body of knowledge today, we can say that man entered the twentieth century with the ideas of a child. In this sense, it is not unreasonable to feel that the revolution affecting mankind can be compared to growth from a childish outlook to the more sophisticated thinking of maturing adolescence. Such an analogy serves to illustrate much that is taking place in the world's thinking today. Like an adolescent who has lost respect for the childish outlook he has just outgrown, and for the parental authority that he has come to resent, world opinion today is rejecting the most cherished traditions that have previously guided it. This explains the changes in social patterns, the revolt against old moral standards, the abandonment of traditions that governed art and literature. Modern thinking, like that of an adolescent, craves standards that it has made and set for itself. The only criterion it demands in thought or action is to be different, to be new, or to be "mod" as we might express it.

A second characteristic of the adolescent, in the midst of his suddenly acquired self confidence, is his complete lack of experienced judgment. While rejecting his past, he has not gained access to any tested wisdom on which to base his opinions or decisions. He has not yet been taught the bitter lessons of failure and disappointment. He does not know that trial begins with error. Because of this characteristic, which is also typical of our times, the adolescent is more apt to be led by folly than by wisdom, for folly is usually more appealing to an eager visionary than the sober but less hopeful judgment of experience. For this reason an older generation may say in despair that the world is being madly led to its ruin, as indeed seems often to be the case. We see all about us signs of degeneration; but this appearance, however alarming, may more truly be recog-

nized as the forerunner of a new and vastly greater order of civilization that will develop when the adult stage is reached. Through chaos, we may be advancing to an even better culture, as the world has done before.

This brings us to a point of summation, when we may look back over our discussion and ask what thoughts it has brought us. We set out by observing that the upheaval we see occurring in almost every aspect of life today is not the product of many unrelated phenomena, but that it is the result of a universal movement. We tried to show that this movement has swept ahead in such depth that it has developed irresistible force, overwhelming the standards and traditions of the past, and filling the present with uncontrolled turbulence. It is not a revolt but a revolution. We have sought for an explanation of this revolution, not in what might be termed partial or ancillary reactions, but in a more universal, underlying cause. Our hope has been that by determining such a basic explanation, we might gain a clearer understanding of the complex changes that confront us everywhere. The conclusion we have offered, whether it be acceptable or not, is that the revolution we are going through is the result of the impact of a flood tide of modern knowledge on the human intelligence. This is the wave that will bear mankind on to a magnificent though unpredictable future. It may fulfill Walt Whitman's far-sighted vision of a new age, and

*"A new race, dominating previous ones, grander far, with new politics, new contests, new literatures, new religions, new inventions, and new arts."*<sup>1</sup>

<sup>1</sup> (Starting from Paumanok)  
— Leaves Of Grass

Dr. Bradford is in the private practice of orthopedics in Boston.



# WEST OF THE KHYBER PASS

by ALBERT I. DEFRIEZ, M.D.



## THE FIRST day you MEET you ARE friends, THE NEXT day you MEET you ARE BROTHERS.

**W**EST of the Khyber Pass beyond Pakistan lies an arid plateau one mile high pierced by mountains rising to peaks of 18,000 feet. There is a meagre ten inches of rain a year, and only ten to 15 percent of the country is cultivated. It is populated by hardy and courageous mountaineers whose traditions are typified by the above quotation.

Any member of the medical profession can spend an exciting month in this land; perhaps the following will move the reader to consider such an adventure.

My wife and I spent a most eventful month in November 1968, working at Avicenna Hospital in Kabul (pronounced Cobble), the capital of Afghanistan. Here an American team under the auspices of CARE-Medico cooperates with the Afghan staff in running the hospital and supervising its medical-surgical residency training program.

We had heard about the opportunity at the annual meeting of the Massachusetts Society of Internal Medicine, when Dr. Bruce Brown, a hematologist from Worcester, described his experiences there the preceding year. The program seemed particularly attractive because it dealt with medical education, and, on the way home that night, we decided to learn more about the operation, and the possibility of our going.

In the process of our investigations we learned several things, which are apparently common knowledge, but not widely shared. MEDICO stands for Medical International Cooperation Organization and was founded in 1958 by Doctors Peter D. Comanduras and Thomas A. Dooley. The latter's efforts as a missionary in the 1950's in Vietnam are well known. The founding of the Kabul mission was his last act prior to his untimely death from lung cancer.

Four years later MEDICO became the medical service of CARE. The medical and paramedical professions in the United States and Canada give aid to humanity without regard for race, religion, or political persuasion, wherever needed, outside of North America.

MEDICO establishes teams in each of the countries where it intends to work. Its programs are instituted at the request of the host government, which provides to the best of its capability such facilities, equipment, supplies and appropriate personnel as may be necessary. MEDICO in turn provides physicians, dentists and other health service specialists to work on a long or short term basis giving medical care and instruction to help the country develop its own health programs.

The team in Kabul consists of two internists, a general surgeon, a nurse-anesthetist, an operating room nurse, three general duty nurses, and a laboratory technician. One of the internists acts as team captain, and functions primarily as an administrator. The others on the team are absorbed in duties that are primarily clinical.

About eight medical and eight surgical residents, graduates of the local medical school, are assigned to the hospital. It is the training of these sixteen residents that is the primary mission of the MEDICO team in Kabul.

Each month the team is reinforced by a volunteer internist and a surgeon, who are designated as visiting specialists. These men are asked in turn to make rounds, attend conferences, and give four or five lectures a week to the residents, and perhaps in addition to students and visiting practitioners at the Institute of Health in Kabul.

Members of the permanent team sign up for two years and receive a modest salary plus travel costs,

subsistence and housing. The volunteer specialist is not remunerated and pays his own travel and living expenses. He can deduct these as a donation to CARE-Medico.

Hence, after the necessary plans, preparations, and shots, we found ourselves one cold November morning boarding the plane for Kabul from Teheran at 5:30 a.m. It was a striking flight into the rising sun with the Caspian Sea to our left just after departure, and the snowcapped mountains of the Hindu Kush rushing to meet us as we descended into Kabul approximately two hours later. On the way we passed over incredibly beautiful, rugged terrain, all the more impressive when one remembers the hordes of history that passed over these lands dating back to the time of Darius the First of Persia.

Afghanistan itself is the old Northwest Frontier of the Kipling days, so vividly portrayed in the Romantic books written about that country in the previous century. Its history goes back to the Rigveda, but perhaps first came to Western attention during the days of the Silk Route when Afghanistan was the crossroads of Asia. It has even left its imprint on the pages of Grecian history, for it was here that Alexander the Great came in the year 329 B.C., stopping to make camp for a year thirty to forty miles northeast of Kabul, where he founded the city of Alexandria ad Caucasium. He married an Afghan princess, Roxanne, from Balkh.

The Greek influence was strong in this country not only because of the mercenary soldiers who stayed behind to settle, but also because of the founding of the Greco-Bactrian culture that flourished for many years after Alexander's departure, and in turn apparently helped nourish the Buddhist culture that flowered in Asia centuries later.

It is little wonder that one feels far removed from the United States when first landing in Kabul. Loaded trucks pass men staggering along under heavy burdens. Cars, buses and taxis rush madly down the city

streets, only to be stopped abruptly by a nomad camel train belonging to the Kochis, or a herd of goats on its way to the market. It has aptly been described as a strange land filled with contrasts.

However, in spite of the obvious foreign flavor, one quickly feels at home. The Afghans do not make one self-conscious, in spite of obvious differences in tongue, manner and dress. They are an interesting people; friendly, handsome and proud. There is obvious poverty, but the poor feel no shame. There is a refreshing lack of snobbery concerning material wealth. The individual Afghan has inherent dignity, no matter what his financial or sociological status.

Afghanistan has been described by some as an ethnic mystery. There are roughly twelve million people whose backgrounds are as diverse as the early settlers of the United States living in an area about the size of Texas. Apparently, however, it is not the usual melting pot of diverse people, because the pot boils constantly.

Its geography made it a corridor of travel, bringing to it many visitors — Indo-Aryans, Sahas, Parthians, Persians, Kushans, Greeks, Mongols, Huns, Turks and others long forgotten. The name Afghan itself belongs to the people known as Pushtoons, Pukhtoons, or Pathans. The origin and meaning of the word Afghan is unknown, but it is accepted as a synonym for Pushtoon.<sup>1</sup>

The Pushtoons make up almost half the population of the country and are estimated to total about six million. However, there are another five million living east of the border in West Pakistan. This is the result of the Durand Agreement of 1893, which detached several large areas from Afghanistan and in effect split Pushtoonistan in half. The result, far from pacifying the tribes, only made matters worse. Control of the area either from Kabul or Delhi was thus undermined, and as long as the situation persists, there will be unrest and instability in this part of the world.



Native explains his symptoms.

Next to the Pushtoons the largest ethnic element is the Tadjiks, followed by the Uzbeks, Turkomen, Hezaras, the four tribes of Chahar, Armak, Kafirs and Kizzelbash. There are some Jews, a few Hindus and Sikhs, and in the North, a fairly large Arab population. Hence the people one sees in the streets of Kabul display a wide variety of physical features and characteristics.

The country is about 95 percent Moslem, and of these, 80 percent are Sunnites, the rest being Shiaites, the difference being how one interprets the succession of Mohammed's authority. They impress one as very devout people, whom the British once portrayed as fanatics, particularly antagonistic or even violent toward Christians. Subsequent authority suggests that this is an exaggeration, and when we were in Kabul, it was pointed out that the Moslems were far more charitable towards Christians than vice-versa. Their idea is that all are "members of the Book" worshipping the same God, but with a different prophet.<sup>2</sup> Furthermore, reports in 1839, prior to the first British invasion, spoke of the tolerance of the people for Christians, who were allowed to wander unharmed throughout the country, entering mosques and holy places without risk, and in general

enjoying the privileges accorded to the Moslems themselves.<sup>3</sup>

Almost immediately upon our arrival we went to the hospital where we were to work for the next month. It is an old two-story building sitting on the right bank of the Kabul river with 80-85 beds. Medical patients occupy the first floor with surgical patients and the operating room on the second.

Unfortunately the structure is in very poor condition and maintenance has been most inadequate — if at all. The floor plan is not well organized in respect to its overall function. The result has been described as a barely adequate facility always in disrepair, with poor sanitary conditions. The efforts of the dedicated MEDICO team of doctors, nurses, and laboratory technicians, were particularly inspiring when viewed against this background. Added to this, one should realize that the Ministry of Health occupies a low priority as far as the government is concerned, and so it is easy to picture the difficulties under which the MEDICO team operates. To me their results were outstanding and inspiring, a tribute to American ingenuity and know-how.

OUR day began at 8:30 a.m. with resident medical rounds, seeing each patient on the medical service. There were forty patients, and there was a wide diversity of pathology. Personally, I was surprised to see so many things similar to what is seen in an American municipal hospital, such as Bellevue or Boston City. True, we did have several interesting cases of parasitic disease, but there was only one case of typhoid fever. There were the usual cases of cirrhosis (post-necrotic — Moslems do not drink in Afghanistan), rheumatic heart disease, coronary artery disease, and cerebral arteriosclerosis. Tuberculosis is common in the country, but we saw very little. I think part of the lack of esoteric disease is explained because Avicenna is a small and somewhat selective hospital. This probably would not



have been the case in the larger city hospitals.

The University Hospital houses some 400 beds. There is an Obstetrical-Gynecological Hospital with a pediatric wing. There was a large army hospital across town, and also another large hospital run by Czechoslovakian doctors. The American Embassy has its own doctor and clinic. The Avicenna doctors help the Embassy physician discharge his duties. In all there are six hospitals in Kabul with a capacity of eight hundred to a thousand beds.

There is an American-run medical school sponsored by the Peace Corps in Jellalabad, which is about two hours drive south of Kabul on the way to the Khyber Pass. The MEDICO team spends some time teaching there, but we did not get the chance to visit them.

Returning to the work schedule, three days a week we would go to the Red Crescent Clinic where about 100 patients were seen by the house staff under supervision. Obviously the doctor could see each of his patients for only a few moments. Drugs were in short supply, but I was impressed with the care given. I don't think many truly sick people escaped attention. We got pretty good at "smelling them out," as it were. It impressed me how many people traveled long distances to obtain quality medical care.

When the clinic was over, my wife and I returned to the AID Staff House for lunch. The Staff House was run by an English girl married to a member of the German Peace Corps. Our accommodations were comfortable and the food excellent.

After lunch there was an hour's lecture at the hospital. At the request of the team captain, my subject was neurology. It was quite an experience preparing the 250 slides that served as a basis for my lectures. Neurology is a fairly exact clinical science based on neuroanatomy, at least as far as the general practitioner and internist are concerned. Hence I tried to talk about the neurological problems commonly seen in practice. Maybe not all

will agree with this over-simplification — suffice it to say that I learned a lot of neurology, and hope that the Afghans did. I left my slides and tapes of the lectures in case some budding Foster Kennedy should become inspired and want to review them.

Following the afternoon lecture we would return to the wards and finish up whatever loose ends remained, and usually left the hospital around 4:30 in the afternoon. We had Fridays off (the Moslem Sabbath), and in addition were allowed Saturday and Sunday afternoons unless a lecture was scheduled.

This did not leave much time for any extensive travel around the country. However, we visited Chazni, the Salang Pass, Charikar in the Koh Dahman Valley, and Paghman. The most striking scenery we saw was in the Devil's Throat, which is only forty-five minutes from the city. It is a gorge cut through the mountain by the Kabul River on its way to Pashawar and the Indus River below.

It was in a gorge such as this that Afghan hillsmen massacred the British in the retreat from Kabul in 1840. The Khurd Kabul pass winds for seven miles beneath towering crags of rock, crossing and recrossing the river some twenty-three times. At no point is it more than

two hundred yards wide. The greatest slaughter occurred in the Targhi-taraki, which is a tiny defile fifty feet long and ten feet wide. Nine thousand troops and twelve thousand camp followers had left Kabul four days before the slaughter. The sensational reports of only one survivor — a doctor named Bryden staggering with the sad news into Jallalabad — are exaggerated; in reality several hundred people survived. The disaster had political repercussions in London, and led to the election of the Tories under Peel.

Travel in Afghanistan is both difficult and easy. Excellent roads connect the major points where only a few years ago there was nothing but a camel trail for the nomads. Subsidiary or side roads, however, are still rudimentary and rough. Air travel has greatly facilitated getting around the country. Bamian, a place everyone should visit, is an hour and twenty minutes by air over the mountains from Kabul.

Bamian was once the center of Buddhism. Two colossal standing statues of Buddha, carved in the side of sandstone cliffs, gaze out over the valley. The statues were once clothed in gilt and brightly colored robes. However, the Arabian invasion in the 7th Century A.D. not only divested the statues, but destroyed their faces in true Moslem tradition. The cliffs themselves are honeycombed with caves where the monks once lived. Exploration of the labyrinthine tunnels that pass from cave to cave will finally lead to the top of Buddha's head. The vista over the plain, the view a hundred and fifty feet to the ground, and the frescoes on the ceiling over Buddha's head dating back fifteen hundred years, are awesome.

Looking at these defaced statues, one gets a vivid and eerie spectre of the past. Here came Genghis Khan at the age of fifty-nine to avenge the death of his grandson who fell while leading the Mongolian army as it plundered the valley. The citadel of Gollgola was captured through the treachery of the king's daughter. She

Buddha's head



in turn was stoned to death by the Khan, who did not approve of a daughter betraying her own family. This was harsh justice from a harsh man who probably did more to change the face of this region than any other of its many conquerors.

Following his invasion and scorched earth policy, the Afghan nation pulled into its shell like the proverbial turtle. Vasco da Gama's discovery of the sea route to India a few centuries later negated the old Silk Route overland from China to Europe. Afghanistan was therefore denied the possibility of new ideas and culture, but, wary of invaders who had laid it waste, was content to remain isolated. In fact, its doors were not opened to any significant degree until independence was won from the British in 1919.

Although we enjoyed traveling, our greatest enjoyment came from working with the Afghans in their hospital, and poking around their fascinating capital city. We were most fortunate to live next door to Professor Mohammed Ali of the University of Kabul. He taught history and was obviously proud of his

country as he related tales of the past, lent us his books, and guided us around Kabul and the nearby countryside. He had been to the United States as a visiting Fulbright professor, and was very much a man of the world. Afghan hospitality is renowned, and he and his two children were good examples. We had several meals at their home, the table groaning under the weight of pilaf and other Afghan dishes.

There are six children in his family. Three are physicians, the fourth a medical student, the fifth a pilot for Ariana Air Lines, and the sixth an engineering student, who hopes to come to our country to continue his education. The professor's wife unfortunately was not in Kabul during our stay. She was in New York visiting their son who is a resident in surgery at Bellevue Hospital. His eldest daughter was on detached service from New York University as an anesthesiologist at the Beth Israel Hospital in Boston. We met her on our return, and learned that she hoped to return to Kabul and pursue her career. She is a credit to her family and will be an asset to her country.

Professor Ali, besides being a learned person with wide interests, had originality. Long before many of the rest of his countrymen had any ideas about the emancipation of women, he decided that the most priceless heritage he could bestow upon his family was an education. But, no female Afghan was allowed to leave the country unescorted. Accordingly, he drove his eldest daughter to the border, where she was met by his brother, who then took her to Lahore where she obtained her medical degree, as did her sister after her.

The professor has written several books in English on Afghanistan. Unfortunately, none have been printed in the United States or England. My wife proofread his most recent book and the difficulties of printing a book in English in a country where the printer does not understand the language were frustrating, though amusing. Apos-

trophes would appear as commas, and vice versa. Words would be split, or several run together. Nevertheless, thanks to his knowledge of English and ability to express himself, the books are easy to read, and informative.

We came away from our experience greatly refreshed. Pride in our profession, and in the Americans and Canadians who are doing so much for the Afghans, as well as for us and our image, made us happy to have been part of the action.

Our visit came to an end far too soon, since we had to return with much undone. Anyone in the medical or nursing profession desirous of helping a developing nation should consider going to Kabul for a month or more.

Don't go expecting modern conveniences. Be prepared for the obvious differences in their way of life. There is much that needs to be done, and it won't be done overnight, or soon enough for our Western way of thinking. Perhaps some things that we think proper may never come to pass, but this is really not important. Our willingness to go, to help, and to try to understand is important. We all can feel proud of those who work so hard in Afghanistan under such difficult circumstances. They are doing much to brighten the tarnished image of the ugly American. Donations to CARE have been wisely invested.

### Bibliography

<sup>1</sup>Fletcher, A. *Afghanistan, Highway of Conquest*.

<sup>2</sup>Prof. Mohammed Ali. Personal Communication.

<sup>3</sup>Fletcher, A. op. cit.

Dr. DeFriez is clinical associate in medicine at HMS, and associate visiting physician at Boston City Hospital. He is also physician, senior active staff, New England Deaconess Hospital; overall chief, medical service, Chelsea Soldiers' Home; and visiting specialist, internal medicine, Avicenna Hospital.

Mrs. DeFriez and Professor Ali





# THE WILLIAM O. MOSELEY, JR.

## TRAVELLING FELLOWSHIPS

THE BEQUEST OF JULIA M. MOSELEY MAKES AVAILABLE FELLOWSHIP FUNDS FOR GRADUATES  
OF THE HARVARD MEDICAL SCHOOL FOR POSTDOCTORAL STUDY IN EUROPE.

The Committee on Fellowships in the Medical School has voted that the amounts awarded for stipend and travelling expenses will be determined by the specific needs of the individual.

In considering candidates for the Moseley Travelling Fellowships, the Committee will give preference to those Harvard Medical School graduates who have—

1. Already demonstrated their ability to make original contributions to knowledge.
2. Planned a program of study which in the Committee's opinion will contribute significantly to their development as teachers and scholars.
3. Clearly plan to devote themselves to careers in academic medicine and the medical sciences.

*Individuals who have already attained Faculty rank at Harvard or elsewhere will not ordinarily be considered eligible for these awards.*

There is no specific due date for the receipt of applications or for the beginning date of Awards except that the Committee requests that applications not be submitted more than 18 months in advance of the requested beginning date. The Committee will meet once a year in January to review all applications on file. Applicants will be notified of the decision of the Committee by January 31. The Committee may request candidates to present themselves for personal interviews.

---

*Application forms may be obtained from, and completed applications should be returned to:*

SECRETARY, COMMITTEE ON FELLOWSHIPS IN THE MEDICAL SCHOOL  
HARVARD MEDICAL SCHOOL  
25 SHATTUCK STREET, BOSTON, MASSACHUSETTS 02115

**M**OST people remember Benjamin Waterhouse (1754-1846) as the fiery old vaccinator. But he played another role that is not nearly so well known, but is equally important.

Waterhouse was born in Newport, Rhode Island, the son of Timothy Waterhouse and Hannah Proud. She was a niece of the illustrious London Quaker physician, John Fothergill. As a boy, his innate interest in botany was nourished. Waterhouse read in Newport at the Redwood Library. The Library was founded in 1747 by Abraham Redwood, merchant and philanthropist, who had developed a private botanical garden with a hot-house at nearby Portsmouth. At 16, Waterhouse was apprenticed to Dr. John Halliburton of Newport, and five years later, he sailed to England (1775) where he spent three years as part of John Fothergill's family.

# BENJAMIN WATERHOUSE

by GEORGE E. Gifford, JR., M.A., M.D.

At that time Fothergill had a 30-acre garden with greenhouses, and 3,400 species of plants from around the world. He hired artists to illustrate his plants. Fothergill corresponded with the great Carl Linnaeus, and the Philadelphia botanist, John Bartram. It was Fothergill who financed the famous expedition of the Bartrams to Georgia.

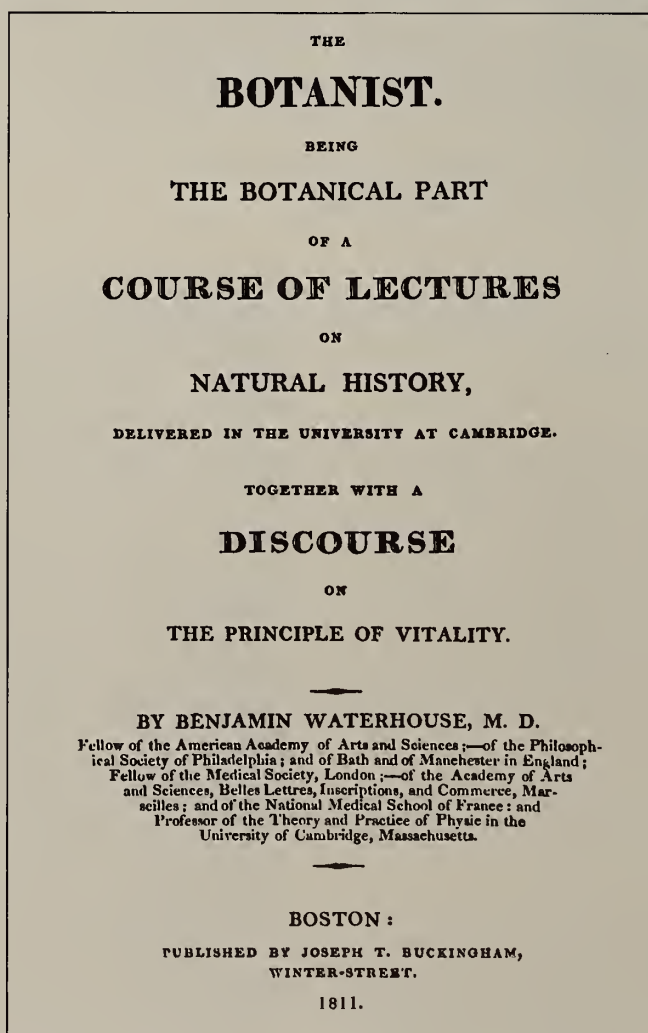
Fothergill's assistant and ward, John Coakley Lettsom, was also interested in botany, and had a botanical garden. A Fellow of the Royal Society (1733), Lettsom published the *Naturalist's and Traveller's Companion*, a book containing instructions for preserving plants and

other objects of natural history. Lettsom was a liberal supporter of William Curtis, the apothecary and botanist, and helped him financially with his *Flora Londinensis*. Waterhouse mentioned, "his departed friend Curtis, under whose tuition he herbarized in the environs of London two years in succession."

Waterhouse attended Edinburgh University for a year (1775-1776) and then received the M.D. degree at the University of Leyden, where he stayed with the future president of the United States, John Adams, and his son. At Leyden, doubtlessly he visited the outstanding botanic garden founded by Boerhaave.

In 1782, aged 28, Waterhouse returned to America and the following year he was invited to become the first Professor of the Theory and Practice of Physic at Harvard University. In the early years, Harvard paid no salary and professors were dependent on student fees. For the first 15 years of the medical school, the average number of graduates was two-and-a-third per year. This financial situation probably presented no difficulty for Dr. John Warren, professor of anatomy and surgery, or Dr. Aaron Dexter, professor of chemistry and materia medica, both of whom were successfully established in practice in Boston. Waterhouse lived in Cambridge, a small village that already had two physicians.

Having received no salary, Waterhouse resigned in 1787. His resignation was not accepted and two alternatives were offered to allay his financial difficulties. The Corporation voted that medical professors were to receive a "moiety of income" from the Hersey Fund, and that Dr. Waterhouse was to deliver annually a course of lectures on natural history. This course would be an elective for seniors who present-





# THE BOTANIST

ed written parental permission (apparently due to the fact that the Linnaean sexual system of plant classification was discussed) and paid a guinea fee to the lecturer. This was not a new field to Dr. Waterhouse, as he had been appointed professor of natural history at Rhode Island College (later Brown) in 1784 and his name remained on the faculty list there until 1791. It has been claimed that the Providence lectures were the first course in natural history in the United States. His course in natural history at Harvard was offered annually for 22 consecutive years. The lectures were popular, being lively, full of anecdotes and humor, and no doubt spiced with his vituperative phrases.

Waterhouse's motivation for botanical instruction is easily divined from a letter to Lettsom dated November 25, 1794:

Should I ever execute what I am constantly resolving in my mind, *A View of Society and Manners, with the Natural History of New England*, I should send it to England, and publish it there without a name. The fact is, I have no taste for the practice of physic as it is conducted in this country. It is not worth a man's attention. I feel such a mighty difference between transcribing from the Great Volume of Nature, and practising among the very vulgar, that is conforming to the whims and nonsense of old women and silly people, that I am sometimes almost determined to renounce it forever. I know how a London physician gets his bread, but with us it is widely different: a man like me of weakly frame, addicted to study, is liable to be called out five or six miles on horseback

in a severe winter night, and to remain out all night, and to receive (in the course of a year) a guinea for it! We are obliged to be physician, surgeon, apothecary, and tooth-drawer, all under one; and if we are not attentive to small things, and if we do not give consequences to trifles, we are dropped for some one who does. You are spoiled (say some of my friends) for practice in this country, living so long with Dr. Fothergill, which is in a great measure true. . . .

In 1805 William Dandridge Peck was chosen for the Massachusetts Professorship of Natural History and Keeper of the Botanic Garden, which Harvard had established. Of course, Waterhouse was loath to turn over the work and the fees to anyone else, but in 1810, Peck began his lectures. In 1811, Waterhouse published *The Botanist*, which was undoubtedly written to advertize his own natural history lectures that had been moved from the college and undergraduates, to Boston and public subscription. Wa-

terhouse wrote to Lettsom, December 5, 1810:

We have transferred our medical school from Cambridge to Boston and I go every morning at this season, and give a medical lecture one hour and a half after sunrise; and three evenings a week I give a lecture on natural history in Boston, in one of their public halls, and out again to sleep, flying over the snow and ice in my sleigh, which I most commonly drive myself and the next morning I am off again a little after sunshine. I can leave to my children an example of industry, if nothing more.

In the Preface to *The Botanist*, Waterhouse reveals himself as primarily a physician. "He [Waterhouse] by no means considers himself a master in science. Physic is his profession, and natural history is his amusement." *The Botanist* is an encyclopedic and philosophical work drawing from older writers; not within the materia medica tradition of plants as useful in medicine, or the rising natural histo-

The home of Dr. Waterhouse



ry tradition that described plants in great detail.

Waterhouse's use of *materia medica* can be seen in his herbarium or *hortus siccus*, undated, but bearing his signature. The book, 103 pages, bound in calf, contains 220 well-mounted specimens arranged in the Linnaean system, and is preserved in the Rare Book collection of the Countway Library. Waterhouse's herbarium is most likely the oldest one extant of an American botanist. The illustration below shows the beautifully mounted specimen of the Jimson weed. Under it he wrote in a hurried and illegible hand the following medical annotation, "*Datura Stramonium* — the extract from this herb has proved to be the most successful remedy in spasmodic disorders. The subscriber having seen it cure the most obstinant hysterical complaints, that were as violent as those of epilepsie. Dose from ½ grain to 3 grains, observing accurately when the pupil of the eye dilates." Of the 220 specimens, 17 have medical annotations.

In historical perspective, Benjamin Waterhouse is an early figure in the separation of botany from medicine. Primarily by his lectures, he created the atmosphere that led to the establishment of the chair in natural history and the botanic garden at Harvard. However, his successor in the public lectures in botany in Boston, Dr. Jacob Bigelow, a Philadelphia trained physician, carried on the natural history tradition by publishing the first respectable flora to appear in the U.S., *Flora Bostoniensis* (1814). Bigelow also contributed to the *materia medica* literature with his great classic, *American Medical Botany* (1817, 1818, 1820), and the first *American Pharmacopeia* (1820). The final separation of botany from medicine came in 1846 when Asa Gray was appointed Fisher Professor of Natural History (Botany) at Harvard. The medical heritage in botany was still evident by Gray's M.D. degree and the fact that the professorship was endowed by Dr. Joshua Fisher of Beverly, Massachusetts. The year

that Waterhouse died, 1846, was the year that ether was officially demonstrated for the first time. Henceforth, medicine would concern itself with developments from this great event; botany, under Gray, would help prepare the stage for the Darwinian revolution.

In the development of American medicine, Waterhouse is best known for introducing vaccination in the U.S. He has been called the "Jenner of America." In the development of natural history, Benjamin Waterhouse properly deserves the title — The Botanist.

## REFERENCES

1. Blake, John B. "Benjamin Waterhouse, Harvard's first Professor of Physic," *Journal of Medical Education*, Vol. 33, Nov. 1958.
2. Cohen, I. B. *Some Early Tools of American Science*, Cambridge, 1950.
3. Ewan, Joseph. Editor. *A Short History of Botany in the United States*. New York, 1969.
4. Fox, R. H. *Dr. John Fothergill and his Friends*, London, 1919.
5. Graustein, Jeanette. "Natural History at Harvard College, 1788-1842." *Proceedings of the Cambridge Historical Society*, Vol. 38, pp. 69-86, 1961.
6. Hindle, Brooke. *The Pursuit of Sciences in Revolutionary America, 1735-1789*, Chapel Hill, 1956.
7. Humphrey, James Ellis. "Botany and Botanists in New England," *New England Magazine*, XIV, pp. 27-44, 1896.
8. Wilson, J. W. "The First Natural History Lectures at Brown University, 1786 by Dr. Benjamin Waterhouse," *Annals of Medical History*, 4, 390-398, 1942.

Dr. Gifford is clinical instructor in psychiatry at HMS and tutor in the history of science, Harvard College. He holds a postdoctoral fellowship in the history of medicine and the biological sciences from the Josiah Macy, Jr. Foundation. This article is based on a paper given at the Second Macy Seminar in the History of Medicine and Biological Sciences, Princeton, Oct. 6, 1969.





## "TWENTIETH DOOR"

Dr. Bradford's *Vision of a New Age*, published as the lead article in this issue of the *Bulletin*, is a reminder that the seventieth year is coming up in this extraordinary century, which will soon equal in age man's three-score years and ten.

Somewhere near the beginning of the period a new novel, not at the moment identifiable, was introduced to the reading public. Entitled *The Twentieth Door* it expressed the aims, the ambitions and the desire for action of a group of exceedingly moral young men and women, as a new century dawned on a world waiting to respond to their lofty idealism. As pictured by the illustrators, they represented the highest type of wholesome young man-and womanhood, well dressed and neat, the men becomingly bearded.

It was an era of general peace and prosperity, especially appreciated by those classes of society who were receiving its benefits.

But progress, unfortunately, took the wrong turn, toward the materialism in which its greatest advances have been made. As indicated by Leon Eisenberg in "The Social Development of Human Intelligence," published in the Christmas issue of the *Bulletin* in 1968, education has responded to the needs of industrialization rather than to the development of man's social intelligence. As a result he has been learning — slowly — that each great technical advance exacts its penalty.

Industry has contaminated the atmosphere and polluted the water-courses. The indispensable automobile not only slays with violence, but poisons the air with lethal fumes. The technics of communication have invaded the privacy of the individual and reduced the desire, if not the need, for contemplation. Progress in

the prevention and cure of disease has emphasized the urgency of population control. Meanwhile the underprivileged demand to know how long they must wait to share fully in the benefits of this progress, and strongly indicate that time is running out.

Early in the century, reminiscent of Kubla Khan's "ancestral voices prophesying war," new military confrontations were shaping up. The Russian-Japanese War broke out in 1904, the Balkan Wars of 1912 and 1913 were the prelude to World War I, and there has been no peace in the world since that time.

Meanwhile fiscal affluence has spread, and with it a general deterioration of moral codes ranging from an increase in independent and organized crime, for which the widespread use of drugs is to a considerable degree responsible, to a reversal of religious, moral, social and cultural codes. The ills of urban life have become so well recognized that

at last a remedy is being attempted by the Urban Coalition, described in our last issue.

Both the atomic and the population explosions are held over our heads like twin Damocletian swords, and one wonders why mankind has been permitted to survive for so many eons. However, the dinosaurs got on very well for a very long time; true, they were less suicidally inclined, but their tread was heavier.

Discounting the threatened explosions, perhaps our greatest hazards, although the one might easily cancel out the other, Bradford seems not entirely pessimistic. Salvation will depend on a new wisdom brought to bear on a surfeit of knowledge and an appreciation of some more exalted source of stability long believed in by many millions, although not at present clearly defined.

As Emerson wrote in concluding his essay on "Illusions," the young mortal, having entered the hall of the firmament where the gods are sitting, each in his sphere, is beset by snowstorms of illusions, obscuring everything. But when "by-and-by for an instant, the air clears, and the cloud lifts a little, there are the gods still sitting around him on their thrones, — they alone with him alone."

## KEEPING UP WITH THE JUNIOR JONESES

In *The World of Yesterday*, Stefan Zweig described intellectual life in Austria after the first World War:

Nothing was more tragi-comic in this riotous carnival than the attitude of the elder intellectuals who, in a panic of fear of being considered behind the times, rushed desperately . . . and dragged themselves through devious paths in the hope of keeping up with the procession . . . Bewildered old age everywhere pursued the latest fashion; the paramount ambition was to be "young" to discover in some new, and un-

heard of and more radical tendency a substitute for the outmoded tendency of yesterday . . . It was an epoch of high ecstasy and ugly scheming, a singular mixture of unrest and fanaticism. Every extravagant idea that was not subject to regulation reaped a golden harvest . . . Anything that gave hope to newer and greater thrills, anything in the way of narcotics, morphine, cocaine, heroin found a tremendous market; on the stage, incest and parricide, in politics, communism and fascism, constituted the most favored themes; unconditionally pro-

scribed, however, was any representation of normality and moderation . . .

Truth has never been the property of a single age group. The "untrustables" (those over 30) recognize that in these times, power is often with the young. Less honest and courageous than their pupils, who

fight for what they believe is right, some teachers will ignore their own principles to be popular. Their *leit-motif* seems to be: "I would rather be wrong than be called conservative." Young and old both must jettison hypocrisy and injustice, but not reason and objectivity.

ROBERT M. GOLDWYN '56

# ALONG THE PERIMETER

## LIFE COURSE BEGINS

For the people in the rest of the Harvard community, it was a day like any other, but for the members of the Class of 1973, it was the beginning of their life course.

Orientation week began with registration on Monday, September 15. The 184th class to enter HMS was welcomed by Dean Robert H. Ebert who spoke of the present, and the problems of change. The Flexner period of scientific medicine is coming to an end and the social era of medicine is beginning. As a result a series of problems has developed. There is increasing specialization in medicine because of the magnitude of medical knowledge; the gradual disappearance of the general practitioner has resulted in a serious maldistribution of physicians in the central city and rural areas of this country; and the cost of medical education is reaching crisis proportions.

Public expectation is sending medicine into a new era in which medical care is a right and not a privilege. Medical schools must face the problems of relating primary and secondary care, and satisfying the demands of the community. The best of the ending era must be preserved as we push forward into the new.

Dr. Ebert spoke of the problem of relevance as it pertained to the Class of '73. What relevance does molecular biology have to Roxbury and Harlem? None and every. Without it, medical care would be inferior.

With it, understanding and the treatment of disease can progress.

Following Dr. Ebert, Dr. Alexander Leaf, Jackson Professor of Clinical Medicine and Head of the Department at Massachusetts General Hospital presented an overview of the core curriculum. The Class of '73 is the second to be part of the new curriculum. Areas of friction and difficulty have been modified and there will be further accommodation and change for this class. The curriculum will allow more flexibility for each individual student and will cultivate patterns of medical education for use after graduation. The core curriculum will teach the language of medicine. Electives will permit the student to choose what he wants to develop his future career goals.

Dr. Joseph Gardella, associate dean for student affairs, described the tutorial advisory system. In the past, four or five students met once a week with one advisor to discuss items of mutual interest. There was frequent occasion to study cases in the context of the basic curriculum to demonstrate the relevance of basic science to clinical medicine. This went well until last year when so much free time was available. Tutors now will be academic advisors as well as close personal advisors.

On Tuesday morning, Arthur T. Hertig '30, Shattuck Professor of Pathological Anatomy, gave an entertaining and historical talk on

"The Back Forty, or Corn at the Faculty Level."

Herrman L. Blumgart '21, professor of medicine, emeritus, introduced the students to their first clinic, not to give them factual knowledge, but to sharpen their minds as tempering instruments to show them how to develop a knowledge of one disease. As a member of the Committee on Admission, Dr. Blumgart welcomed the class and congratulated them on their successful arrival. He pointed out that the next four years are training for a life course. He said the faculty are journeying the same road but just a bit ahead of the students. The ultimate goal of medical education is to impart to students the responsibility and ability to pursue their own education. They should cultivate a sense of evidence. He reminded the class that "the less one knows, the more he can learn" and congratulated them on their capacity to learn. Never again would they be in a position to learn so much.

Wednesday, Francis D. Moore '39, Moseley Professor of Surgery and Head of the Department of Surgery at Peter Bent Brigham Hospital, moderated a symposium on "Careers in Medicine." Dr. John H. Knowles, professor of medicine, still a regular physician concerned with the individual problems of individual patients, explained his role as administrator of the Massachusetts General Hospital. An administrator, he said, has to work through others, has much responsibility, but no authority.

Dr. Leona Baumgartner, visiting professor of social medicine, spoke on "Medicine and Public Health" and told of a typical day in her life as Commissioner of Public Health in New York City. Although she did not see any patients, she made wide-impact decisions on how money was to be spent, and how activities were to be regulated. She concluded by saying that a strong background in clinical medicine, economics, behavioral science and politics is a prerequisite for success in public health.



Dr. Leon Eisenberg, professor of psychiatry, discussed "Behavioral Science in Medicine" and urged the class to pay attention, find answers, and translate them into action.

Following Dr. Eisenberg, Dr. Bernard D. Davis, Adele Lehman Professor of Bacterial Physiology, spoke on "Research Careers in Medical Science" and cited examples of how a student could approach a career in the basic sciences. He illustrated the advantages and disadvantages of having an M.D. degree in the basic sciences, and recommended that if a medical student is not certain of his goals, he should take an internship before deciding whether or not to pursue a career in research.

After luncheon in Vanderbilt Hall, the symposium continued with Dr. Charles A. Janeway, Thomas Morgan Rotch Professor of Pediatrics and Head of the Department at The Children's Hospital, discussing "Family and Community Medicine."

E. Langdon Burwell '44, chief of the medical service at Falmouth Hospital, spoke on "Practice of General Medicine in a Small Community." He illustrated a typical day in his busy practice, and mentioned the personal gains of a general practitioner; there are few dull moments.

John C. Norman '54, associate professor of surgery, discussed the "Possible Problems of the Black Student-Physician in the Harvard Community." Dr. Norman said that Harvard has been simultaneously the most liberal and the most demanding in its admission policies of the 100 schools in the country, and gave a brief history of the black student at HMS. Until this year no more than three negroes were admitted to Harvard Medical School in any one year. The term disadvantaged, he said, is demeaning and should be avoided. All the members of the Class of '73 are capable of completing the HMS curriculum without undue hardship. He firmly believes that the future is bright, but to remain so, internship committees in 1973 and the boards of trustees

and permanent staff committees in 1979 will have to be equally receptive to future applications from the minority group members of the Class of '73.

On Thursday, a symposium on "Health Problems in the United States and Abroad" was moderated by Dr. Dieter Koch-Weser, associate dean of the faculty of medicine for international programs. Thomas H. Weller '40, Richard Pearson Strong Professor of Tropical Public Health discussed "Infectious Diseases in the U.S. and Abroad."

Dr. Roger R. Revelle, director of the Center for Population Studies in the School of Public Health, spoke on "Population Dynamics in the U.S. and Abroad," comparing rich and poor countries, food requirements, major causes of disease, land areas, and birth and death rates.

Dr. Frederick J. Stare, professor of nutrition at HSPH, discussed "Nutrition in the U.S. and Abroad" and told of studies done on the minimum calcium requirements of man, malnutrition, and the importance of amino acids.

"Non-Infectious Diseases in the U.S. and Abroad" was the topic of Dr. Brian MacMahon's talk. Dr. MacMahon, professor of epidemiol-

ogy at HSPH, began by saying that there are no diseases, just ill people. Because infectious disease epidemics are dramatic and widely publicized, non-infectious diseases are often overlooked, but he emphasized, they are equally important.

Dr. Alonzo S. Yerby, professor of health services administration at HSPH, discussed "Health Care Systems in the U.S. and Abroad," and compared the systems of Russia, Britain, and the U.S. Our system is informal and allows the patient to pick and choose, but there are certain limitations of self-diagnosis and time. The Russian system maintains high quality control of the physician; and the British system follows the concept that each person should have a personal physician.

Dr. Gabriel Velazquez-Palau, professor of social medicine, explained the problems of building a medical center, recruiting faculty, and selecting students, at Universidad del Valle, in Cali, Colombia. Latin America, he said, has learned to take care of the individual, but has not yet discovered how to take care of the communities.

Orientation week officially ended, but for the Class of 1973, it was truly the beginning of a life course.



# Class of 1973

**Anderson, Larry J.**  
Austin, Minn. (St. Olaf)

**Avorn, Jerome L.**  
Belle Harbor, N.Y. (Columbia U.)

**Beary, John F., 3d**  
Albia, Iowa (U. of Notre Dame)

**Bergman, Stephen J.**  
Hudson, N.Y. (Harvard)

**Brown, Robert H.**  
Chevy Chase, Md. (Amherst)

**Brown, William T.**  
Missoula, Mont. (Johns Hopkins)

**Caine, Eric D.**  
Blauvelt, N.Y. (Cornell U.)

**Campbell, Thomas C.**  
Topsfield, Mass. (Harvard)

**Carabell, Steven C.**  
Syosset, N.Y. (Harvard)

**Carpenter, Gary B.**  
Glendale, Mo. (Massachusetts Inst. of Tech.)

**Clemmensen, Charles E.**  
Sacramento, Calif. (United States Air Force Academy)

**Coleman, John J., 3d**  
Boston, Mass. (Harvard)

**Corkery, Joseph C.**  
Everett, Mass. (Boston Coll.)

**Covell, Linda M.**  
Wakefield, Mass. (Wellesley)

**Cutler, Gordon B.**  
Hampton, Va. (Harvard)

**Delfs, John R.**  
Amarillo, Texas (Tulane)

**Diamond, Betty A.**  
New York, N.Y. (Radcliffe)

**Dimond, Paul K.**  
Stoughton, Mass. (Boston Coll.)

**Dobrow, Richard A.**  
Plainview, N.Y. (Massachusetts Inst. of Tech.)

**Doroshov, James H.**  
Downey, Calif. (Harvard)

**Dunn, Churchill G., 2d**  
Petersburg, Va. (Univ. of Virginia)

**Eichhorn, John H.**  
Lakewood, Ohio (Princeton)

**Elkin, Philip I.**  
Scarsdale, N.Y. (Harvard)

**Ensminger, William D.**  
Osseo, Mich. (U. of Michigan)

**Epstein, Charles M.**  
Atlanta, Ga. (Harvard)

**Ewing, Peter D.**  
Concord, Mass. (Harvard)

**Fowles, Robert E.**  
Salt Lake City, Utah (U. of Utah)

**Frankel, Arthur E.**  
Austin, Texas (Harvard)

**Freedman, Howard L.**  
St. Louis, Mo. (Harvard)

**Freedman, Steven A.**  
Providence, R.I. (Harvard)

**Garan, Hasan**  
Istanbul, Turkey (Harvard)

**Gellis, Stephen E.**  
Newton Centre, Mass. (Tufts)

**Godfrey, Norman V.**  
Wethersfield, Conn. (Yale)

**Gold, Jay H.**  
Newton, Mass. (U. of Pennsylvania)

**Goldstein, Robert J.**  
Philadelphia, Pa. (Princeton)

**Gorlin, Peter N.**  
Brooklyn, N.Y. (Columbia U.)

**Graham, Drayton P., Jr.**  
Atlanta, Ga. (Columbia U.)

**Green, Jane G.**  
Miami Beach, Fla. (Wellesley)

**Grindrod, Melinda K.**  
East Hartford, Conn. (Barnard)

**Gross, Robert L.**  
Attleboro, Mass. (Tufts)

**Guyton, John R.**  
Jackson, Miss. (U. of Mississippi)

**Hamm, Jeffrey C.**  
Milwaukee, Wis. (Harvard)

**Harris, Noah A., Jr.**  
Baltimore, Md. (Rensselaer Polytechnic Inst.)

**Haut, Lewis L.**  
Philadelphia, Pa. (Princeton)

**Heber, David**  
Los Angeles, Calif. (U. of California at Los Angeles)

**Hier, Daniel B.**  
Park Forest, Ill. (Harvard)

**Hill, Terrance A.**  
Las Vegas, N.Mex. (Princeton)

**Hirshman, H. Paul**  
Westport, Conn. (Williams)

**Hochberg, Mark S.**  
Providence, R.I. (Brown)

**Hocker, Sarah A.**  
Laurel, Md. (Mount Holyoke)

**Hohf, Steven M.**  
Kenilworth, Ill. (Princeton)

**Hosea, Stephen W.**  
Louisville, Ky. (Harvard)

**Howard, James T.**  
Youngstown, Ohio (United States Military Academy)

**Hult, James E.**  
San Mateo, Calif. (Stanford)

**Hurko, Orest**  
Louisville, Ky. (Harvard)

**Hutchinson, John F.**  
Wayne, Pa. (Harvard)

**Jackson, Morgan N.**  
Richmond, Va. (Harvard)

**Jaros, Walter**  
Great Neck, N.Y. (Harvard)

**Jean-Baptiste, Michel**  
Port-au-Prince, Haiti (Harvard)

**Jewett, William R.**  
Jamestown, Pa. (Harvard)

**Johnson, Stephen P.**  
Polk City, Iowa (Iowa State)

**Jones, Hardin C.**  
Berkeley, Calif. (U. of California, Berkeley)

**Kelley, Mark A.**  
Milton, Mass. (Harvard)

**Kennedy, Sean K.**  
Sturbridge, Mass. (Harvard)

**Kirklin, James K.**  
Birmingham, Ala. (Ohio State)

**Kopans, Daniel B.**  
Newton Centre, Mass. (Harvard)

**Krivokapich, Janine**  
Raton, N.Mex. (Stanford)





- Krueger, Richard B.**  
Newberry, Mich. (Albion)
- Larson, Eric B.**  
Milwaukee, Oregon (Stanford)
- Lee, David K.**  
Lead, S.Dak. (Johns Hopkins)
- Lee, Kenneth K.**  
San Francisco, Calif. (U. of California, Berkeley)
- Lewis, Spencer B.**  
Grambling, La. (Southern U.)
- Lewis, Stuart W.**  
Brooklyn, N.Y. (Jamaica, B.W.I.) (New York U.)
- Locker, Gershon Y.**  
Plainfield, N.J. (Columbia U.)
- Lonian, Robert D.**  
Oklahoma City, Okla. (Harvard)
- Luce, W. David**  
Dayton, Ohio (Dartmouth)
- Macon, James B., 3d**  
Richmond, Va. (Princeton)
- Magoon, Elbert H.**  
Ypsilanti, Mich. (U. of Michigan)
- Martuza, Robert L.**  
Nanticoke, Pa. (Bucknell)
- Maxwell, Samuel L., Jr.**  
Drew, Miss. (Mississippi Coll.)
- Mendis, Paul E.**  
St. Albans, N.Y. (Princeton)
- Mescher, E. Joseph**  
Wheaton, Md. (Coll. of the Holy Cross)
- Mordes, John P., Jr.**  
New Haven, Conn. (Harvard)
- Moskovitz, Richard A.**  
Brookline, Mass. (Harvard)
- Moss, Henry L., Jr.**  
Camden, N.J. (Princeton)
- Mosser, Donn G., Jr.**  
Minneapolis, Minn. (Harvard)
- Murphy, Thomas L., Jr.**  
Salisbury, N.C. (U. of North Carolina)
- Nadler, Lee M.**  
Bayside, N.Y. (Queens Coll. of The City U. of New York)
- Nolan, James A.**  
Brooklyn, N.Y. (Boston Coll.)
- Otoshi, James S.**  
Seattle, Wash. (U. of Washington)
- Paisley, John W.**  
Clayton, Mo. (Dartmouth)
- Peinert, Richard A.**  
Lynn, Mass. (Williams)
- Philbrick, John T.**  
Richmond, Va. (Harvard)
- Pope, Harrison G., Jr.**  
Wiscasset, Maine (Harvard)
- Powers, Eric R.**  
Delmar, N.Y. (Cornell U.)
- Rappaport, Elizabeth B.**  
Chicago, Ill. (U. of Michigan)
- Reinertsen, James L.**  
Menville, Iowa (St. Olaf)
- Ritvo, Jonathan I.**  
Woodbridge, Conn. (Harvard)
- Rosenblatt, Adam**  
Levittown, N.Y. (Columbia U.)
- Rosenblatt, Michael**  
Fair Lawn, N.J. (Columbia U.)
- Ross, Peter S.**  
Washington, D.C. (Harvard)
- Rutlen, David L.**  
Minneapolis, Minn. (Dartmouth)
- Saltzman, Orah**  
Brookline, Mass. (Barnard)
- Sanchez, Luis T., Jr.**  
Lorain, Ohio (United States Military Academy)
- Sassaman, Edward A.**  
Bala-Cynwyd, Pa. (U. of Pennsylvania)
- Savage, Robert T.**  
Louisville, Ky. (Yale)
- Schmechel, Donald E.**  
Seattle, Wash. (Yale)
- Shahian, David M.**  
Camphill, Pa. (Harvard)
- Shaw, J. Stephen**  
Newton Centre (Harvard)
- Simpkins, Cuthbert O.**  
Hollis, N.Y. (Amherst)
- Simpson, Joseph R.**  
Cincinnati, Ohio (Cornell U.)
- Sinclair, Stephen H.**  
Phoenix, Ariz. (U. of Pennsylvania)
- Singerman, Burton**  
Shaker Heights, Ohio (Case Western Reserve)
- Skipper, Eddie**  
Clarksdale, Miss. (Jackson State)
- Smith, Frank L.**  
Berkeley, Calif. (U. of Chicago)
- Smith, Jeffrey B.**  
Los Angeles, Calif. (Harvard)
- Sorrenti, Robert W.**  
Dorchester, Mass. (Harvard)
- Stadtmitter, Richard J.**  
Curwensville, Pa. (Allegheny)
- Stark, Martha C.**  
Bethesda, Md. (Radcliffe)
- Taylor, Philip W.**  
Dexter, Mo. (U. of Missouri)
- Taylor, Simeon I.**  
Larchmont, N.Y. (Harvard)
- Thompson, Jesse E., Jr.**  
Dallas, Texas (U. of Virginia)
- Thorpe, William P.**  
Rochester, N.Y. (Princeton)
- Torti, Frank M.**  
Northvale, N.J. (Johns Hopkins)
- Tracy, Martha A.**  
Needham, Mass. (Radcliffe)
- Trimble, I. Ridgeway, Jr.**  
Baltimore, Md. (Princeton)
- Tully, George L., 3d**  
Albany, N.Y. (Coll. of the Holy Cross)
- Varner, Albert A.**  
Memphis, Tenn. (Davidson)
- Walter, Michael C.**  
Hutchinson, Kans. (U. of Kansas)
- Weaver, Donald L.**  
Jennings, Mo. (Westminster)
- Weinberg, Joseph A.**  
Maplewood, N.J. (Johns Hopkins)
- Weinberger, Steven E.**  
Ardmore, Pa. (Princeton)
- Weingrad, Daniel N.**  
East Rockaway, N.Y. (Columbia U.)
- Williams, R. Michael**  
Des Moines, Iowa (Yale)
- Winfield, Ronald P.**  
Haverhill, Mass. (Harvard)
- Yock, Douglas, H., Jr.**  
St. Louis Park, Minn. (Harvard)
- Yolken, Robert H.**  
Paterson, N.J. (Harvard)
- Young, Shirley Marks**  
Tyler, Texas (Spelman)
- Zitin, Barry R.**  
Philadelphia, Pa. (U. of Pennsylvania)

## WITTRUP TO SUCCEED BROWN AT AHC

On Jan. 1, 1970 Mr. Richard D. Wittrup will become executive vice president of the Affiliated Hospitals Center. He succeeds Ray E. Brown whose resignation will be effective on that day. Mr. Brown leaves HMS to become executive vice president of the Northwestern University Medical Center and professor of administration in the Graduate School of Business. He said that his decision to leave Boston was purely for personal aspirations and did not reflect at all his lack of optimism about the future of the Affiliated Hospitals Center.

Mr. Wittrup has worked closely with Mr. Brown for the past two years as assistant executive vice president of the Center, and has intimate knowledge of its affairs. He came to the Affiliated Hospitals

Center group in 1968 from Lexington, Kentucky where he had served as administrator of the University of Kentucky Hospital and assistant professor of community medicine for 11 years.

He received the A.B. degree in 1951 from the University of Missouri and the M.B.A. degree in Hospital Administration from the University of Chicago in 1955. Mr. Wittrup is the author of several articles on the problems of hospital management and planning. He is a fellow of the American College of Hospital Administration and a member of the American Hospital Association, Association of American Medical Colleges (presently vice chairman of its committee on financial principles), and the Massachusetts Hospital Association.

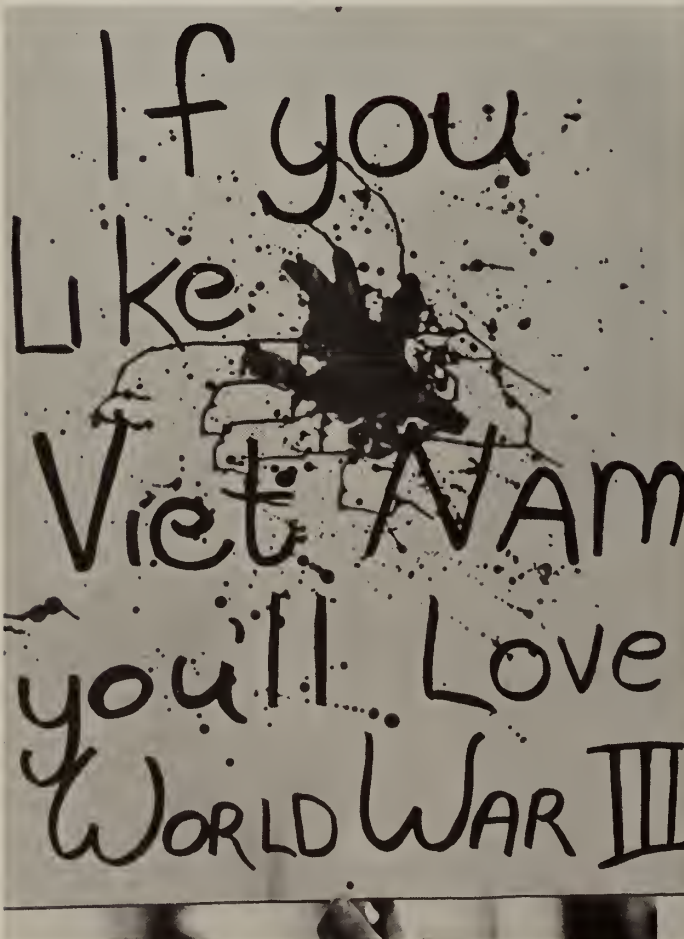


Sign in Vanderbilt Hall



## OCTOBER 15

Placard on Boston Common

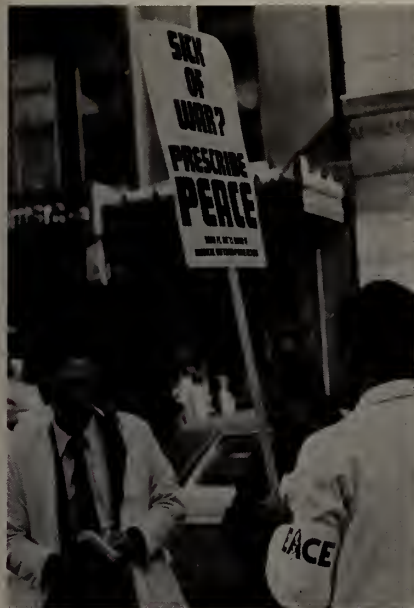


"It was a fantastically successful, exhilarating experience."

That is how one faculty member described October 15, Moratorium Day.

Plans for the day began at the September Faculty Meeting when Dr. Bernard D. Davis, Adele Lehman Professor of Bacterial Physiology, and Mitchell T. Rabkin '55, assistant professor of medicine and general director of the Beth Israel Hospital, proposed that small groups, consisting of a faculty member and several students would stand in white coats on street corners, primarily in downtown Boston. Each group would carry a placard identifying them as members of the medical profession for peace, and would hand out postcards that called for





Drs. Knowles, Rabkin, and Dean Ebert on Boston street corner

## MORATORIUM Day

President Nixon to withdraw U. S. troops from Vietnam in six months.

Student participation in the Moratorium had been guaranteed since announcement of the day was first made public. At HMS, the plans were coordinated under the able direction of Belle Huang '72.

When the day arrived, over 100 senior faculty members, and several hundred junior staff members, teamed with more than 400 students to canvas Boston, Cambridge, and suburban shopping centers. At the end of the day, 91,000 postcards had been signed. On Oct. 20 a delegation of faculty and students presented the cards to Senator Edward Brooke who was to deliver them personally to President Nixon.

Student picks up material in Vanderbilt Hall





## FIVE DECADES

The Faculty Wives Association is a 46-year old tradition at Harvard Medical School. A purely social organization, its membership is composed of the wives of men with corporation appointments and women with similar appointments in Harvard Medical School and School of Dental Medicine. The dean's wife is the chairman of the Association. Serving with Mrs. Robert H. Ebert are Mrs. Paul Goldhaber, vice-chairman; Mrs. William





# of Tradition

Silen, membership secretary; Mrs. John J. Skillman, recording secretary; Mrs. Walter C. Guralnick, treasurer. During the year, there are usually three teas, to which husbands are invited – in October, January, and April – although last year a very successful morning coffee was held in January. Customarily the fall tea welcomes newcomers; the spring tea welcomes third and fourth year medical and dental students.



